

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11509</u>	2. Fiscal Year Covered From: <u>1/1/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>Craig Gruenig</u> P.O. Box, Bldg., Room No., if any Street <u>East 211 Sierra</u> City <u>Spokane</u> State <u>Washington</u> ZIP Code +4 <u>99208</u>	4. Name, file number, and address of labor organization. Name <u>Laborers Local 238</u> Labor Organization File Number <u>000-131</u> P.O. Box, Building and Room Number, if any Street <u>1330 North Calispel</u> City <u>Spokane</u> State <u>Washington</u> ZIP Code +4 <u>99201</u>
5. Position in labor organization. <u>Business Manager / Financial Secretary Treasurer</u> <u>5787</u> <u>2316</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Craig Gruenig</u>	On <u>8/12/05</u> <u>509 328 6660</u> Date Telephone Number

Name of Person Filing <u>Craig Gouenig</u>	File Number U- <u> </u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9. Business deals with: <div style="margin-left: 20px;"> <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer </div>
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Northwest Laborers-Employers Training Trust Fund</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>27055 Ohio Avenue</u> City <u>Kingston</u> State <u>Washington</u> ZIP Code + 4 <u>98346</u>	11.a. Nature of such dealing. <u>Trust Meeting</u> <u>Chelan, Washington</u>
	11.b. Approximate dollar value of such dealing. _____
	12.a. Nature of interest held or income received. <u>Room + meals paid</u>
	12.b. Amount. <u>103.00</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Laborers' International Union of North America

LOCAL NO. 238

1330 N. Calispel Street Phone (509) 328-6660
Spokane, Washington 99201-2316
Fax (509) 328-0600



August 12, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Re: Form LM-30 Filing year ending 12/ 31/04


Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection.

While there may be those individuals who have time to write down in detail every thing they do on a daily basis or have the ability to recount their daily activities by memory events that transpired over a year ago, I unfortunately am not one of those individuals. For that reason it may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed report represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,


Craig Gruenig